

607000105824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

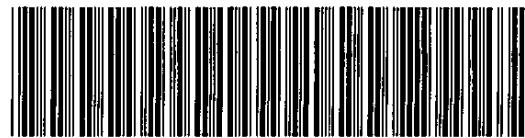
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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B & C TRUCKING, L.L.C.
10431 S.E.49TH CT. APT. 10
BELLEVIEW, FL 34420

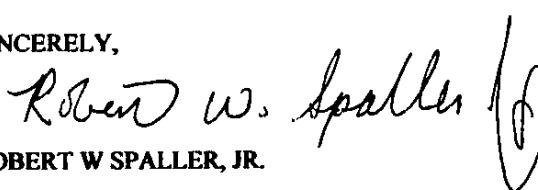
OCTOBER 15, 2007

REGISTRATION SECTION DIV. OF CORPORATIONS:

ENCLOSED ARE FORMS FOR FILING ARTICLES OF ORGANIZATION FOR B&C TRUCKING, L.L.C., AND CHECK FOR \$130.00.

MY NAME IS ROBERT W SPALLER , JR. , ADDRESS IS 10431 S.E. 49TH CT. APT. 10, BELLEVIEW, FL 34420 AND DAYTIME PHONE NUMBER IS 727-641-5535.

SINCERELY,


ROBERT W SPALLER, JR.

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

B & C TRUCKING, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10131 S.E. 49TH CT. APT #10
BELLEVIEW, FL 34420

Mailing Address:

10431 S.E. 49TH CT. APT #10
BELLEVIEW, FL 34420

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CONSTANCE C SPALLER

Name

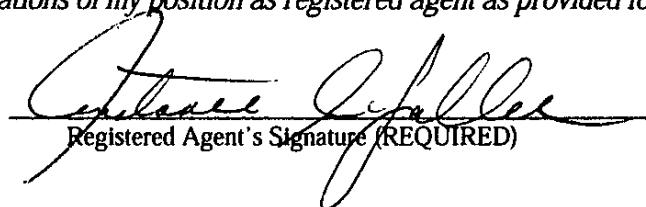
10431 S.E.49TH CT. APT #10

Florida street address (P.O. Box NOT acceptable)

BELLEVIEW, FL 34420

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

ROBERT W SPALLER, JR

10431 S.E. 49TH CT. APT #10

BELLEVIEW, FL 34420

MGRM

CONSTANCE C SPALLER

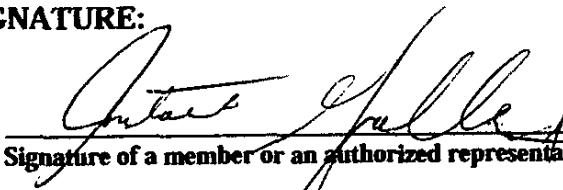
10431 S.E. 49TH CT. APT #10

BELLEVIEW, FL 34420

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:


Robert W. Spaller
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution
of this document constitutes an affirmation under the penalties of perjury
that the facts stated herein are true.)


Constance C. Spaller

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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